

Copy
YALE UNIVERSITY
The School of Medicine

New Haven, Ct.,
April 4, 1922.

Dr. L. I. Dublin,
Metropolitan Life Ins. Co.,
New York City.

Dear Dublin:

I have read Dr. Emerson's reports on the seven cities with a great deal of interest. In general they seem to me admirable. I should be inclined to accept the general form and plan unreservedly. I have a few very minor suggestions to make.

Under New York on page 11 is it true that "a better method of sewage disposal and distribution of effluent awaits the study and report of engineers"? So many reports have been made on the New York sewage disposal question that I supposed it merely awaited the appropriations, but perhaps there may be further studies going on now. On page 12 there is no summary of the concrete steps that should be taken in the development of the public health machinery of the cities such as Dr. Emerson has included in most of his other statements. It seems to me that it should be the rule to end every review with a distinct statement of particular steps that ought to be taken in the future. The last paragraph on page 12 seems to me as it stands open to criticism first because it is too general and second because it is not supported by anything in the earlier text. Any criticisms like those embodied in the phrase "constant change of direction", "frequent alteration of policy", and "political opportunism" should be justified by specific evidence presented in the body of the report. Here in the body of the report is almost wholly favorable and one doesn't see the reason for the onslaught at the end. It should either be left out or backed up by evidence.

Under Grand Rapids there are no concrete suggestions. Surely even this health department can not be so perfect that there is not some forward step to be taken.

I come finally to my one general and serious criticism. This concerns the quoting of the statistical results. If you will look over the seven cities surveyed you will note that in three instances out of the seven the statistics yield results that would not be expected from the survey. Cleveland has a better death rate than it should have, Buffalo a worse death rate, and Scranton a better. It seems to me that this is really what should be expected. The death rate of a given community from year to year can fairly be correlated with advance in public health procedures, but when one comes to compare the death rates in different cities so many other factors come in that you would hardly expect any direct correlation. Hence it seems to me a mistake when we find a low death rate coinciding with a good health department to claim that the low death rate is the effect of the health administration when on the next page you have to explain away the fact that a high death rate accompanies a poor administration or a low death rate a good one. It seems to me a good plan to quote the statistical results but not to imply as has been done in these surveys that the character of the health administration is or could possibly be expected to be the principal factor involved.

Yours very sincerely,

(Signed) C.-E. A. Winslow.